| Application or Docket Number   |                                 |                     |                             |          |                |                        |           |                     | ber                    |
|--|---------------------------------|---------------------|-----------------------------|----------|----------------|------------------------|-----------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/93523   |                                 |                     |                             |          |                |                        |           |                     |                        |
| CLAIMS AS FILED - PART 1 (Column 1) (Column 2)   |                                 |                     |                             |          |                | YIIIY                  | OR        | OTHER<br>SMALL      |                        |
| TOTAL CLAIR  | 4S (53                          |                     |                             | RA       | ΤE             | FEE                    |           | RATE                | FEE                    |
| FOR  |                                 | NUMBER FRLED        | NUNBER EXTRA                | BASE     | FEE            | 355.00                 | OR        | Basic Fee           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |                                 | <b>65</b> mtnus 20= | • 33                        | 3 xs     |                | 297.1                  | ÒЯ        | X\$18=              |                        |
| INDEPENDENT CLAIMS   |                                 | <b>∮</b> minus 3 =  |                             | X4       | X40=           |                        | OR        | X60=                |                        |
| MULTIPLE DEF   | ENDENT CLAIM P                  | RESENT              |                             | +13      | 5=             |                        | OR        | +270=               |                        |
| " If the difference in column 1 is less than zero, enter "0" in column 2   |                                 |                     |                             |          |                | 692.0                  | <b>OR</b> | TOTAL               |                        |
|  | 204.                            |                     | ENTITY                      | OR       | OTHER          |                        |           |                     |                        |
|  | (Column 1)                      | (Cotu               | mn 2) (Column 3             | 3 6      | ·LL            |                        | UH<br>I I | SMALL               |                        |
| Tetal Independer   | REMAINING<br>AFTER<br>AMENDMENT | NUM<br>PREVI        | IBEA PRESENT<br>OUSLY EXTRA | RA       | TE             | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total  | . 53                            | Minus - E           | 53 .                        | X5       | 9=             |                        | OR:       | X\$18=              |                        |
| Independer   |                                 | Minus •••           | 4 -                         | X4       | ) <del>=</del> |                        | CR        | X80=                |                        |
| FIRST PRE  | SENTATION OFF                   | ULTIPLE DEPENDEN    | TCLAIM                      | +13      | <u> </u>       |                        | OR        | +270=               |                        |
|  |                                 |                     |                             |          | STAL<br>FEE    |                        | 00        | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)   |                                 |                     |                             |          |                | ·                      |           | ADDIT. FEE          |                        |
|  | CLAIMS                          |                     | HEST COMMITTE               | <b>'</b> |                | ADDI-                  | 1 1       |                     | ADDI-                  |
| Total Independent  | REMAINING<br>AFTER<br>AMENDMENT | PREVI               | OUSLY EXTRA                 | RA       | ſΕ             | TIONAL                 |           | RATE                | TIONAL<br>FEE          |
| Total  | -30                             | Minus               | 3 · Ø                       | X\$      | 9=             |                        | OR        | X\$18=              |                        |
| Independer   |                                 | Minus L             | - 0                         | X4       | )=             | •                      | OR        | X80=                |                        |
| Trinoi Pric  | SENIATION OF M                  | OLITE DEPONDEN      | I COUM                      | +13      | 5 <u>=</u>     |                        | OR        | +270=               |                        |
|  |                                 |                     |                             | ADDIT.   | YAL            |                        | OR        | TOTAL<br>ADDIT, FEE |                        |
|  | (Column 1)                      | (Cohe               | mn 2) (Column 3             |          |                |                        | -         |                     |                        |
|  | CLAIMS                          | HIGH                | EST                         | 1        | _              | ADDI-                  |           | 1                   | ADDI-                  |
| ENTC   | RÉMAINING<br>AFTER<br>AMENDMENT | PREVI               | BER PRESENT<br>OUSLY EXTRA  | RAT      | E              | TIONAL<br>FEE          |           | RATE                | TIONAL                 |
| Total Independer   |                                 | Minus               | •                           | XS       | 9=             |                        | OR        | X\$18=              |                        |
| Independer   | <b>.</b>                        | Minus ···           | •                           | X40      |                |                        |           | X80=                |                        |
| FIRST PRE  | SENTATION OF M                  | ULTIPLE DEPENDEN    | TCLAIM .                    | ]        | _              |                        | OR        | 7000                |                        |
| +135=  |                                 |                     |                             |          |                |                        | OR        | +270=               |                        |
| "If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THES SPACE is less than 20, enter "20."  ADDIT, FEE  OR  ADDIT, FEE              |                                 |                     |                             |          |                |                        |           |                     |                        |
| "If the "lighest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                 |                     |                             |          |                |                        |           |                     |                        |

FORM PTO-671

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE